



Module 7

Ticket for the Journey



Opening Doors through Evaluation & Assessment



Evaluation and assessment are likely to be among the first interactions that families have with the early intervention system. Parents understandably may feel anxious knowing that someone outside their family is looking at their child's development.

Fortunately, professionals in the field of early intervention have come to recognize the primary role of the family in assessing young children. Parents are increasingly encouraged to be active participants in this process.

Addison, S. and Fialka, J. (June, 2004). *Child and Family Assessment in Early Intervention*. Exceptional Parent Magazine. Psy-Ed Corp., River Edge, New Jersey.



Professionals also have learned the importance of identifying child competencies or strengths in the assessment process and the importance of evaluating young children in natural settings. This promotes the design of programs that build on children's strengths in their natural environments during daily routines.



Addison, S. and Fialka, J. (June, 2004). *Child and Family Assessment in Early Intervention*. Exceptional Parent Magazine. Psy-Ed Corp., River Edge, New Jersey.



In Tennessee **“infant or toddler with a disability”** means an individual birth to age three who qualifies for early intervention services under IDEA Part C and State Department of Education criteria because the child:

- a) Is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development; physical development, including vision and hearing; communicative development; social or emotional development; adaptive development; or
- b) Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay; or



- c) Exhibits developmental delays for which there are no standardized measures or for which existing standardized procedures are not appropriate for the child's age or a given developmental area.

Complete the following, as noted in *Roadmap for the Journey-A Trainer's Guide*:

7.1a Review *Tennessee's Definition of Developmental Delay*

7.1b & C *The Implications of Culture on Developmental Delay*

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Eligibility Procedures

A multidisciplinary team, which includes the parent/caregiver of the infant or toddler, shall:

1. Determine whether the infant or toddler has a disabling condition based on a review of the appropriate evaluation(s); and
2. Document the child's eligibility.

A child who is determined not to be eligible for early intervention services shall be referred to community programs, with parent consent, as appropriate.



Infants and toddlers who are not eligible under IDEA Part C may be at risk of having substantial developmental delays because of well-known biological and environmental factors that place infants and toddlers at-risk for developmental delay.

Infants and toddlers who are considered to be at-risk but are not experiencing developmental delays consistent with the criteria for *Tennessee's Definition of Developmental Delay* are not eligible for early intervention services under IDEA Part C through Tennessee's Early Intervention System.

Tennessee Department of Education. (2001). *Rulemaking Hearing Rules of the State Board of Education Chapter 0520-1-10 Tennessee's Early Intervention System*. Tennessee Technological University Printing Services.



Evaluation for IDEA Part C (TEIS) purposes means:

The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility, consistent with the definition of “infants and toddlers with disabilities” including determining the status of the child in each of the following developmental areas: (1) cognitive development; (2) physical development, including vision and hearing; (3) communication development; (4) social or emotional development; and (5) adaptive skills.



Qualified Personnel

means:

An individual who has met the State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

Complete the following,
as noted in *Roadmap
for the Journey-A
Trainer's Guide*:

*7.2a Explanation of
Evaluation/Assessment
Procedures*

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Evaluation

Purpose

- To determine eligibility
- To determine current levels of functioning

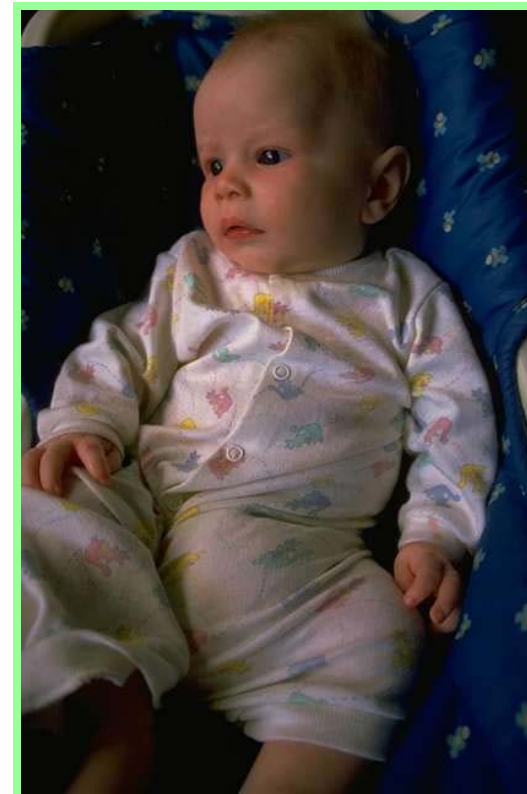
Evaluation considerations

Bagnato and Neisworth (1991) suggest the use of a convergent model for purposes of evaluation and assessment in order to produce the most accurate determination of the child's development. Using their model as a foundation, the following considerations should be made during the evaluation process.



Domains

Eligibility is based on the child's adaptive, communication, cognitive, physical (including vision and hearing), and social-emotional development. The evaluation must result in a determination of the child's present levels of functioning in these five areas.





Measures

No single procedure may be used to determine eligibility; therefore, a multidimensional battery should be considered (Bagnato & Neisworth, 1991). Bagnato and Neisworth suggest the use of a variety of instruments.

Complete the following, as noted in *Roadmap for the Journey-A Trainer's Guide*:

7.3a Evaluation Tools for Determining Eligibility for Early Intervention Services

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Sources

More than one evaluator must be used to determine a child's eligibility under Part C (early intervention) of the IDEA.

Evaluation information should be gathered from multiple sources to obtain agreement among people about the extent of the child's needs and whether the child demonstrates the same skill for multiple people.

Settings

The evaluation should occur in settings that are natural and comfortable for the child and the care providers. This may include the child's home, child care facility, the home of other primary care providers, or other such natural settings.



Coordination Responsibilities Regarding Evaluations

The incoming service coordinator responsible for the oversight of the evaluation to determine eligibility shall ensure, at a minimum that:

- Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so
- Evaluation procedures and materials are selected and administered so as not to be racially or culturally discriminatory

Tennessee Department of Education. (2001). *Rulemaking Hearing Rules of the State Board of Education Chapter 0520-1-10 Tennessee's Early Intervention System*. Tennessee Technological University Printing Services.



- No single procedure is used as the sole criterion for determining eligibility
- Evaluation procedures are conducted by qualified personnel
- Parent/legal guardian has given written consent prior to the initial evaluation
- The parent is fully informed about the multidisciplinary evaluation process, is fully aware of the nature of the evaluation that would be available, and understands that the child will not be able to receive the evaluation unless consent is given.



Pertinent Timelines

The initial evaluation to determine eligibility and the development of the initial IFSP shall be completed within 45 days of the date of the child's initial referral into the early intervention system.

45 days



In the event of exceptional child or family circumstances that make it impossible to complete the initial evaluation within 45 days, the incoming service coordinator shall:

1. Document those circumstances; and
2. Develop and implement an interim IFSP to the extent appropriate.
3. The child's period of eligibility for services begins when documentation of the child's eligibility is completed by the incoming service coordinator and the multidisciplinary team.



Re-evaluations

Re-evaluation to determine a child's continuing eligibility shall be completed when any participant of the child's IFSP team suspects that the child may no longer meet the eligibility requirements for the State's early intervention system. The need for re-evaluation shall be considered when:

- Substantial progress in development is indicated by on-going assessments; or
- Changes in the child's diagnosed physical and mental condition are such that the child's current condition or status is no longer considered to have a high probability of resulting in developmental delay.



Evaluation and Assessment **must include:**

A review of pertinent records related to the child's current health status and medical history.





Assessment for IDEA Part C (TEIS) purposes means:

The ongoing procedures used by qualified personnel throughout the period of a child's eligibility under IDEA Part C to identify:

- The child's unique strengths and needs and the services appropriate to meet those needs;
- The resources, priorities, and concerns of the family related to the development of the child;
- The supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability; and
- The current and potential activities, relationships, routines, and culture that constitute the child's natural environments.



Assessment

Purpose

- To determine the child's strengths and needs and the family's concerns
- To determine early intervention supports and services
- To measure ongoing progress and changes





Assessment Considerations

What to assess—domains

The evaluation process measures the child's present level of functioning in all five areas of development. The primary focus of the assessment is on learning about the family's and other care provider's interests, strengths, concerns, and existing and desired involvement of the child in family, community, and in some cases, child care or preschool activities.

In addition to the assessment of the child's participation in typical activity settings, the assessors should begin to note the preferred learning styles of the care providers since the care providers (and assessors) will be the primary learners in the intervention process.



Where to assess

The assessment process includes identification and observation of all locations and activity settings where the child lives, learns, and plays, and the people in those environments.

Additionally, members of the assessment team should assist the family in identifying any desired activities in which they would like their child to participate.





Who should be involved in **assessment**

The assessment team should consist of early interventionists with knowledge and expertise in the primary areas of concern and the child's family members and other significant care providers.

For purposes of the evaluation, depending on early intervention program procedures, at least two or more evaluators from two different disciplines generally participate; however, during the assessment, only those with necessary expertise participate in the assessment process.



Coordination Responsibilities Regarding Assessments

The service coordinator and other persons responsible for assessment activities shall ensure, at a minimum, that:

- Assessment materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;
- Any assessment procedures and material that are used are selected and administered so as not to be racially or culturally discriminatory;



- The person conducting assessments has met state-approved or recognized requirements that apply to the area in which the person is providing early intervention assessment services; and
- The parent/guardian is fully informed regarding the assessment process and has consented in writing to the proposed action.



Informed Clinical Opinion

As a component of the multidisciplinary evaluation, informed clinical opinion means that the professional(s) have used qualitative and quantitative information to assess the child's development; or a set of procedures for determining eligibility when the use of standardized instruments or measures will not accurately reflect the child's developmental status.





Informed Clinical Opinion

Means

- An opinion made by practitioners qualified to evaluate the child's five developmental domains
- An opinion is made based on *multiple sources of qualitative and quantitative information* about the child's development
- Documenting a disability or delay

Does Not Mean

- An opinion made by just anyone
- An opinion is made based on just a single source of information, isolated information, or test scores alone
- Documenting a *risk* of having a delay



Coordination Responsibilities Regarding Informed Clinical Opinion

The following procedures must be followed to establish eligibility by Informed Clinical Opinion (ICO):

- A. Request for ICO eligibility determination received/initiated by TEIS
- B. TEIS service coordinator consults with family regarding evaluation results, eligibility requirements, clinical observations, and any concerns



- C. Service coordinator collects additional written documentation from referral sources, physicians, medical personnel, child care, etc. Written documentation from qualified evaluators may include the following:
1. Evaluation results and scores, if available
 2. Qualitative observations
 3. Statement of rationale for ICO request
 4. Statement of how early intervention will benefit the child and family



- D. Service coordinator consults with other appropriate professionals
- E. Service coordinator schedules any additional evaluations, if needed
- F. Service coordinator compiles information to share with ICO team
- G. ICO team
 - 1. Includes at least, but not limited, to:
Family, evaluator, TEIS service coordinator



2. The ICO team must reach consensus or, if there is not a consensus,
 - a) Time limit decisions (e.g., three months)
 - b) Another professional evaluates
 - c) Re-evaluate in "x" months, no services, no IFSP

H. Eligibility status review

1. Address continuation of ICO at six-month review
2. TEIS service coordinator must be involved in six-month review for all children eligible by ICO



Complete the following, as
noted in *Roadmap for the
Journey-A Trainer's Guide*:

*7.5a Informed Clinical Opinion
Reading Assignment*

*7.5b Informed Clinical Opinion
Summary*

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Family assessment means:

An assessment that is family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.





Family's role in assessment

- Participate as a team member
- Share information and observations in developmental areas
- Identify concerns, priorities, and resources
- Participate in decision-making





The assessment of Courtney was a positive experience for both of us. As a parent I found it to be extremely comforting. The team confirmed the progress I felt I was seeing in Courtney. Their validation came at a time when doctors were uncertain as to Courtney's abilities and was an invaluable source of encouragement.

Courtney's Mom

1996-1997 TEIS Annual Report